

VACCINES FOR CHILDREN (VFC) PROGRAM

VACCINE ORDER FORM

| | | | | | |
|---|---|---|---|---|--|
| NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC. | | | | DATE | |
| DELIVERY ADDRESS (Number and Street--No P.O. Boxes) | | City | | Zip Code | <input type="checkbox"/> CHECK HERE IF THIS IS A NEW ADDRESS |
| DELIVERY: Please specify all days and times you may receive vaccine. | DAY AND TIME <input type="checkbox"/> Mon. _____ | DAY AND TIME <input type="checkbox"/> Tue. _____ | DAY AND TIME <input type="checkbox"/> Wed. _____ | DAY AND TIME <input type="checkbox"/> Thu. _____ | DAY AND TIME <input type="checkbox"/> Fri. _____ |
| CONTACT PERSON | | | TELEPHONE | | FAX |

| VACCINES AND VFC FORMS | COMPLETE ENTIRE ROW FOR EACH VACCINE ORDERED INCOMPLETE FORMS WILL NOT BE PROCESSED | | | | Vaccine Shipped In Vials/Units of the Following Sizes | New Vaccine Order |
|--|---|--|------------|-----------------|--|-------------------|
| The Vaccine Information Statements for each vaccine will be delivered on a dose per dose basis | Number of Doses (<i>VFC Only</i>) Used Since Last Order. Enter "0" If None | VACCINE INVENTORY | | | | |
| | | Number of Doses (<i>VFC Only</i>) <i>On-Hand</i> | Lot Number | Expiration Date | | |
| REGULAR ORDER VFC VACCINES | | | | | | |
| DT (VFC-3) | | | | | 10 doses | doses |
| DTaP (VFC-27) | | | | | 5 or 10 doses | doses |
| Hepatitis B (VFC-23) | | | | | 10 doses | doses |
| Hib (VFC-22) | | | | | 5 doses | doses |
| IPV (VFC-21) | | | | | 10 doses | doses |
| MMR (VFC-15) | | | | | 10 doses | doses |
| Pneumococcal Conjugate Prevnar® (VFC-26) | | | | | 5 doses | doses |
| Td (VFC-12) | | | | | 10 doses | doses |
| Vaccine Admin. Visit Record (VFC-106) | | | | | 25 sheets/ pack | packs |
| Official Lifetime Hawaii Immunization Record Cards | | | | | 50 cards/pack | packs |
| VFC Business Reply Labels | | | | | 25 labels/pack | packs |
| SPECIAL ORDER VACCINES | | | | | | |
| Influenza (VFC-20) September through March ONLY) | | | | | 10 doses | doses |
| Pneumococcal Polysaccharide Eligible Groups: Children 2-18 years who have functional or anatomical asplenia, immunocom- promising illness or medications, chronic illness (not including asthma), who are Alaskan Native or American Indian, or who have received a bone marrow transplant) | | | | | 5 doses | doses |
| Varicella (Chickenpox) | | | | | 10 doses | doses |

INSTRUCTIONS:

Questions? Please contact VFC at (808) 586-8300 or 1-800-933-4832

1. Print or type
2. Submit order form using **ONE** of the following options:
FAX orders to: (808) 586-8302
OR
MAIL orders to: Dept. of Health/HIP/VFC Program, P.O. Box 3378, Honolulu, HI 96801